

**CERTIFICATE OF EFS TRANSMISSION****Applicant:** Ferguson et al.**Docket No.:** 11487/5364

<b>Application No.:</b> 10/660,083	<b>Filing Date:</b> 09/11/2003	<b>Examiner:</b> Christopher Koharski	<b>Group Art Unit:</b> 3763	<b>Confirmation No.</b> 5916
---------------------------------------	-----------------------------------	--	--------------------------------	---------------------------------

**Invention:** SAFETY SHIELD FOR MEDICAL NEEDLES

I hereby certify that the following papers are being transmitted to the United States Patent and Trademark Office via the EFS-Web electronic filing system on the date set forth below:

- Transmittal of Payment of Issue Fee (1 pg)
- Part B Fee Transmittal (1 pg)

The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 502375:



Any additional filing fees required under 37 CFR 1.16.  
Any patent application processing fees under 37 CFR 1.17.

**Signature:** /Paul S. Evans/  
**Printed Name:** Paul S. Evans  
Stoel Rives, LLP  
One Utah Center  
201 S. Main Street, Suite 1100  
Salt Lake City, Utah 84111  
**Phone:** (801) 328-3131  
**Facsimile:** (801) 578-6999

**Dated:** October 28, 2008**Certificate of Mailing or Transmission**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted to the USPTO via the EFS-Web electronic filing system or Facsimile (571-273-8300) on the date set forth below, or being deposited with the USPS as First Class Mail in an envelope addressed to Mail Stop \_\_\_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date set forth below.

/Cristi A. Bills/  
Cristi A. Bills

Date: October 28, 2008

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)**  
**(37 C.F.R. 1.311)**

Docket No.  
11487/5364

Applicant(s): Ferguson et al.

Application No. <b>10/660,083</b>	Filing Date <b>09/11/2003</b>	Examiner <b>Christopher Koharski</b>	Customer No. <b>32642</b>	Group Art Unit <b>3763</b>	Confirmation No. <b>5916</b>
--------------------------------------	----------------------------------	---	------------------------------	-------------------------------	---------------------------------

Invention: **SAFETY SHIELD FOR MEDICAL NEEDLES**

**Mail Stop Issue Fee**  
**COMMISSIONER FOR PATENTS**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 755.00      ☐ Design Fee: \_\_\_\_\_      ☐ Plant Fee: \_\_\_\_\_
- ☒ Publication Fee: \$ 300.00
- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 502375 as described below.
- ☐ Charge the amount of \_\_\_\_\_
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☒ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**



*Signature*

Dated: October 29, 2008

Paul S. Evans  
Reg. No. 36,130  
Stoel Rives LLP  
One Utah Center  
201 South Main Street, Suite 1100  
Salt Lake City, UT 84111  
Phone: 801-328-3131  
Fax: 801-578-6999

cc: Client

**Certificate of Transmission by Facsimile**  
This certificate may only be used if paying  
by deposit account.

I certify that this document and authorization to charge account is being facsimile transmitted to the United States and Trademark Office (Fax \_\_\_\_\_) on \_\_\_\_\_

(Date)

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Typed or Printed Name of Person Signing Certificate*

**Certificate of Mailing by First Class Mail**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on \_\_\_\_\_

(Date)

\_\_\_\_\_  
*Signature of Person Mailing Correspondence*

\_\_\_\_\_  
*Typed or Printed Name of Person Mailing Correspondence*